

lease type a plus sign (+) inside this hox->/ + / UTILITY	Atty Doc. No. 52203 Total Page		
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIE Ludwig VOELKEL		
TRANSMITTAL			
	Express Mail Label No		
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
/X / Fee transmittal Form (Submit an original, and a duplicate for fee processing) 2./ X / Specification (Preferred arrangement set for below)	6. / / Microfiche Computer Program (Appendix) /7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
Descriptive title of the Invention	a./ / Computer Readable Copy		
Cross References to Related Application	b/ / Paper Copy (Identical to computer copy)		
Statement Regarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies		
Reference to Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS		
Background of the Invention	8./ X / Assignment Papers (cover sheet & document(s)		
Brief Summary of the Invention	9/ / 37 CFR 3.73(b)Statement / /Power of Attorney 10./ /English Translation Document (if applicable) 11./ X/Information Disclosure / X/ Copies of IDS Citations 12./ X /Preliminary Amendment		
Brief Description of the Drawings (if filed)			
Detailed Description			
Claim(s)			
Abstract of the Disclosure	13./ x/Return Receipt Postcard (MPEP 503)		
3./X/Drawing(s)(35 USC 113)(Figs.) Total Sheets /1 /	Should be specifically itemized) 14./ /Small Entity / /Statement filed in prior application Statements Status still proper and desired 15./X/ Certified Copy of Priority Document(s) (if foreign priority is claimed)		
4./ X /Oath or Declaration Total Pages/ 3 / a /X / Newly executed (original or copy)	(if foreign priority is claimed)		
b./ /Copy from a prior application (37 CFR 1.63(d)	ation		
17. If a Continuing Application, check appropriate box and supply the // Continuation / /Divisional / / Continuation-in			
CORRESPONDENCE ADDRESS			
/ Customer Number or Bar code Label	or / / Correspondence address below		
Insert Customer No. or A	uttach bar code label here		
Name: Herbert B. Keil KEIL & WEINKAUF			
Address: 1101 Connecticut Ave., N.W.			
City Washington State: D.C.	Zip Code 20036		
Country USA Telephone: (202)659-0100	Fax: (202)659-0105		

Fax: (202)659-0105

Telephone: (202)659-0100

The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LA ENTIT		BASIC FEE \$370./\$740.
Basic Fee					
Total Claims:		= x	\$09./\$18.	==	
Indep. Claims:	33 :	= x	\$42./\$84.	=	****
[] Multiple Dependent Claim(s) presented:\$140./280 =					
[x] A check is enclosed for the filing fee.				\$740.00	
*If the differ	ence is less	s than zero	enter "0".		

- A check for \$ 780. for the filing fee and recordation fee. [X]
- The Commissioner is hereby authorized to charge any other [X] fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

1101 Connecticut Ave., N.W Washington, D.C. 20036 (202)659-0100